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Applicant claims small entity status. See 37 CFR 1.27

For FY 2005

**TOTAL AMOUNT OF PAYMENT** 

(\$)	180	00

	Complete if Known 09/892,736 June 28, 2001 Smith et al.			
Application Number	09/892,736			
Filing Date	June 28, 2001			
First Named Inventor	Smith et al.			
Examiner Name	2152			
Art Unit	Changkong			
Attorney Docket No.	20009.0060US01 (BS00-106)			

METHOD OF PAYMENT (check all that apply)								
Check Credit			None	Other (	please identify)	):		
Deposit Account	Deposit Accour	nt Number:		Deposit A	.ccount Name:_			
For the above-ide	ntified deposit	account, the Direc	ctor is hereb	y authorized to	o: (check all th	at apply)		
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reference information and authorization	3N ON P1 U-2030	1-						
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1. BASIC FILING, SEA	ARCH, AND FILING		SEARCH	H FFFS	FXAMINA	TION FEES		
A sullegation Trues		Small Entity	5	Small Entity	S	Small Entity	Face Do	: (6)
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Pai \$1000.00	
Utility	300	150	500	250	200	100	\$1000.0C	<u>,                                    </u>
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		<del>.</del> .
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		
2. EXCESS CLAIM FE	EES							mall Entity
Fee Description	for Daisauss	ah alaim ay	20 and n	than in (	44- omioimal i		<u>Fee (\$)</u> 50	<u>Fee (\$)</u> 25
Each claim over 20 or, Each independent claim								100
Multiple dependent cla		Of Reissues, car	an mucpen	Jent Clann in	Ole man m c	The Original Pac	360	180
Total Claims	Extra Claim	ns Fee (\$)	Fee Pai	id (\$)	Multiple D	ependent Claim		
20 or HP =		_ x	-		Fee (\$)			
HP = highest number of tot		-					1	
Indep. Claims - 3 or HP =	Extra Claim	<u>is</u> <u>Fee (\$)</u> x	Fee Pai	<u>:d (\$)</u>				
HP = highest number of ind			_ <del>_</del> than 3					
3. APPLICATION SIZE		evceed 100 she	ets of nane	r the annlics	etion size fee	- due is \$250 (\$	\$125 for sm	all entity)
for each addition								, , , , , , , , , , , , , , , , , , ,
Total Sheets	Extra She		oer of each a	additional 50	or fraction th	nereof Fee (\$	<u>\$)</u>	Paid (\$)
4. OTHER FEE(S)				•				s Paid (\$)
Non-English Speci	ification, \$	130 fee (no sma	all entity di	scount)				
		n Disclosure State		,			\$18	80.00

SUBMITTED BY Registration No. 42,724 Telephone 678-565-4748 Signature (Attorney/Agent) Jeramie J. Keys Date September 27, 2005

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TRANSMITTAL FORM  (to be used for all correspondence after initial filling)  Total Number of Pages in This Submission			U.S. are required to respond to a co Application Number  Filing Date  First Named Inventor  Art Unit  Examiner Name	Patent and Traillection of info 09/892,736 June 28, 20 Smith et al.	ademark ( rmation u	d for use through 07/31/2006. OMB 0651-0031 c Office; U.S. DEPARTMENT OF COMMERCE unless it displays a valid OMB control number.		
			Attorney Docket Number	20009.0060	20009.0060US01 (BS00-106)			
Amendme And Amendm	fter Final  ffidavits/declaration(s)  n of Time Request  Abandonment Request  on Disclosure Statement  Copy of Priority	Dr Lid	rawing(s) censing-related Papers etition etition to Convert to a rovisional Application ower of Attorney, Revocation hange of Correspondence erminal Disclaimer equest for Refund D, Number of CD(s)  Landscape Table on C	Address	Return PTO	Appeal of Appeal (Appeal Proprie Status Other Ibelow) m Posto SB08A ferences	Enclosure(s) (please Identify : ard - 3 pages	
Firm Name Signature Printed name Date	Jeramie J. Keys September 27, 2005	ERTIFICA	ATE OF TRANSMISS	Reg. No.	42,724 LING		ited States Postal Service with	
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